

# Senate File 2055 - Introduced

SENATE FILE \_\_\_\_\_  
BY BEALL and RAGAN

Passed Senate, Date \_\_\_\_\_ Passed House, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_  
Approved \_\_\_\_\_

## A BILL FOR

1 An Act authorizing a chief primary health clinician to file  
2 certain periodic court reports on chronic substance abusers  
3 and persons with mental illness who do not require full-time  
4 placement in a treatment facility.  
5 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:  
6 TLSB 5192XS 82  
7 rh/nh/5

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1 1 Section 1. Section 125.2, Code 2007, is amended by adding  
2 the following new subsections:  
1 3 NEW SUBSECTION. 4A. "Chief primary health clinician"  
1 4 means the licensed physician, licensed psychiatrist, or  
1 5 psychiatric advanced registered nurse practitioner who has  
1 6 been designated as the primary health clinician for a patient.  
1 7 NEW SUBSECTION. 13A. "Licensed physician" means an  
1 8 individual licensed under chapter 148, 150, or 150A to  
1 9 practice medicine and surgery, osteopathy, or osteopathic  
1 10 medicine and surgery.  
1 11 NEW SUBSECTION. 13B. "Licensed psychiatrist" means an  
1 12 individual licensed under chapter 148, 150, or 150A to  
1 13 practice medicine and surgery with a specialty in the field of  
1 14 psychiatry.  
1 15 NEW SUBSECTION. 13C. "Psychiatric advanced registered  
1 16 nurse practitioner" means an individual currently licensed as  
1 17 a registered nurse under chapter 152 or 152E who holds a  
1 18 national certification in psychiatric health care and who is  
1 19 registered with the board of nursing as an advanced registered  
1 20 nurse practitioner.  
1 21 Sec. 2. Section 125.86, subsection 2, Code 2007, is  
1 22 amended to read as follows:  
1 23 2. No more than sixty days after entry of a court order  
1 24 for treatment of a respondent under section 125.84, subsection  
1 25 3, and thereafter at successive intervals not to exceed ninety  
1 26 days for as long as involuntary treatment continues, the  
1 27 administrator of the facility or the chief primary health  
1 28 clinician shall report to the court which entered the order.  
1 29 The report shall be submitted in the manner required by  
1 30 section 125.84, shall state whether in the opinion of the  
1 31 chief medical officer or the chief primary health clinician  
1 32 the respondent's condition has improved, remains unchanged, or  
1 33 has deteriorated, and shall indicate the further length of  
1 34 time the respondent will require treatment by the facility.  
1 35 If the respondent fails or refuses to submit to treatment as  
2 1 ordered by the court, the administrator of the facility or the  
2 2 chief primary health clinician shall at once notify the court,  
2 3 which shall order the respondent committed for treatment as  
2 4 provided by section 125.84, subsection 3, unless the court  
2 5 finds that the failure or refusal was with good cause, and  
2 6 that the respondent is willing to receive treatment as  
2 7 provided in the court's order, or in a revised order if the  
2 8 court sees fit to enter one. If the administrator of the  
2 9 facility or the chief primary health clinician reports to the  
2 10 court that the respondent requires full-time custody, care,  
2 11 and treatment in a facility, and the respondent is willing to  
2 12 be admitted voluntarily to the facility for these purposes,  
2 13 the court may enter an order approving the placement upon  
2 14 consultation with the administrator of the facility in which  
2 15 the respondent is to be placed. If the respondent is  
2 16 unwilling to be admitted voluntarily to the facility, the  
2 17 procedure for determining involuntary commitment, as provided  
2 18 in section 125.84, subsection 3, shall be followed.

2 19 Sec. 3. Section 229.1, Code 2007, is amended by adding the  
2 20 following new subsections:

2 21 NEW SUBSECTION. 5A. "Chief primary health clinician"  
2 22 means the licensed physician, licensed psychiatrist, or  
2 23 psychiatric advanced registered nurse practitioner who has  
2 24 been designated as the primary health clinician for a patient.

2 25 NEW SUBSECTION. 8A. "Licensed psychiatrist" means an  
2 26 individual licensed under chapter 148, 150, or 150A to  
2 27 practice medicine and surgery with a specialty in the field of  
2 28 psychiatry.

2 29 NEW SUBSECTION. 11A. "Psychiatric advanced registered  
2 30 nurse practitioner" means an individual currently licensed as  
2 31 a registered nurse under chapter 152 or 152E who holds a  
2 32 national certification in psychiatric health care and who is  
2 33 registered with the board of nursing as an advanced registered  
2 34 nurse practitioner.

2 35 Sec. 4. Section 229.15, subsection 2, Code 2007, is  
3 1 amended to read as follows:

3 2 2. Not more than sixty days after the entry of a court  
3 3 order for treatment of a patient pursuant to a report issued  
3 4 under section 229.14, subsection 1, paragraph "c", and  
3 5 thereafter at successive intervals as ordered by the court but  
3 6 not to exceed ninety days so long as that court order remains  
3 7 in effect, the medical director of the facility or the chief  
3 8 primary health clinician treating the patient shall report to  
3 9 the court which entered the order. The report shall state  
3 10 whether the patient's condition has improved, remains  
3 11 unchanged, or has deteriorated, and shall indicate if possible  
3 12 the further length of time the patient will require treatment  
3 13 by the facility. If at any time the patient without good  
3 14 cause fails or refuses to submit to treatment as ordered by  
3 15 the court, the medical director or the chief primary health  
3 16 clinician shall at once so notify the court, which shall order  
3 17 the patient hospitalized as provided by section 229.14,  
3 18 subsection 2, paragraph "d", unless the court finds that the  
3 19 failure or refusal was with good cause and that the patient is  
3 20 willing to receive treatment as provided in the court's order,  
3 21 or in a revised order if the court sees fit to enter one. If  
3 22 at any time the medical director or the chief primary health  
3 23 clinician reports to the court that in the director's or  
3 24 clinician's opinion the patient requires full-time custody,  
3 25 care and treatment in a hospital, and the patient is willing  
3 26 to be admitted voluntarily to the hospital for these purposes,  
3 27 the court may enter an order approving hospitalization for  
3 28 appropriate treatment upon consultation with the chief medical  
3 29 officer of the hospital in which the patient is to be  
3 30 hospitalized. If the patient is unwilling to be admitted  
3 31 voluntarily to the hospital, the procedure for determining  
3 32 involuntary hospitalization, as set out in section 229.14,  
3 33 subsection 2, paragraph "d", shall be followed.

3 34 EXPLANATION

3 35 This bill authorizes a chief primary health clinician to  
4 1 file certain periodic court reports on chronic substance  
4 2 abusers and persons with mental illness who do not require  
4 3 full-time placement in a treatment facility.

4 4 The bill provides that no more than 60 days after entry of  
4 5 a court order for treatment of a respondent who is either a  
4 6 chronic substance abuser or who is mentally ill who does not  
4 7 require full-time placement in a treatment facility and  
4 8 thereafter at successive intervals not to exceed 90 days for  
4 9 as long as the involuntary treatment continues, the chief  
4 10 primary health clinician shall have the authority, along with  
4 11 the administrator of the treatment facility or the chief  
4 12 medical officer of the treatment facility, to report to the  
4 13 court which entered the order and shall state whether in the  
4 14 opinion of the chief primary health clinician the respondent's  
4 15 condition has improved, remains unchanged, or has  
4 16 deteriorated, and shall indicate the further length of time  
4 17 the respondent will require treatment by the facility. If the  
4 18 respondent fails or refuses to submit to treatment as ordered  
4 19 by the court, the chief primary health clinician shall notify  
4 20 the court, which shall order the respondent committed for  
4 21 treatment unless the court finds that the failure or refusal  
4 22 was with good cause, and that the respondent is willing to  
4 23 receive treatment as provided in the court's order, or in a  
4 24 revised order if the court sees fit to enter one. If the  
4 25 chief primary health clinician reports to the court that the  
4 26 respondent requires full-time custody, care, and treatment in  
4 27 a facility, and the respondent is willing to be admitted  
4 28 voluntarily to the facility for these purposes, the court may  
4 29 enter an order approving the placement upon consultation with

4 30 the administrator of the facility in which the respondent is  
4 31 to be placed.  
4 32 The bill defines "chief primary health clinician" as the  
4 33 licensed physician, licensed psychiatrist, or psychiatric  
4 34 advanced registered nurse practitioner who has been designated  
4 35 as the primary health clinician for a patient. "Licensed  
5 1 physician" is defined as an individual licensed under Code  
5 2 chapter 148, 150, or 150A to practice medicine and surgery,  
5 3 osteopathy, or osteopathic medicine and surgery, "licensed  
5 4 psychiatrist" is defined as an individual licensed under Code  
5 5 chapter 148, 150, or 150A to practice medicine and surgery  
5 6 with a specialty in the field of psychiatry, and "psychiatric  
5 7 advanced registered nurse practitioner" is defined as an  
5 8 individual currently licensed as a registered nurse under Code  
5 9 chapter 152 or 152E who holds a national certification in  
5 10 psychiatric health care and who is registered with the board  
5 11 of nursing as an advanced registered nurse practitioner.  
5 12 LSB 5192XS 82  
5 13 rh/nh/5.1